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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2014

RONALD KURITZ 2420 HICKOTY LANE ALLENTON, PA 11206

SUBJECT: NEVER GROW UP VACATIONS LLC

Ref. Number: W14000038410

We have received your document for NEVER GROW UP VACATIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00013365

### **COVER LETTER**

Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Ronald Kivestz  Name of Person
Never of Grow W Vacation Firm/Company
A You Hilloylan Address
allenton Parvodo
City/State and Zip Code  Oritable   Caol Cor-  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:    Status

### <sup>2</sup> APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SU		TO RE	GISTER A
FOREIGN LIMITED LIABILITY GOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO	PRIDA:		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")		<del></del>
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternational Liability Company," "L.L.C," or "LLC.")			
<u> </u>	140-1	46	<u>3</u> 8
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately company is organized)	plicable)		
1.			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 2420 Hilloy Ln		· · · · · · · · · · · · · · · · · · ·	<del></del>
allenta Pa Wide			
(Street Address of Principal Office)			
5. d 700 Milliony Un			
(Mailing Address)			
		, <del>-</del>	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is	s/are: ⊱	1.4. 74
nonald Kuritz Mr	(a) (a) (b)	<i>}</i> ==	* <del>*</del>
JIM KURIAZ MIT		7	<u>"</u>
	73)	35	
**************************************		ਤ	<del></del>
3. Attached is an original certificate of existence, no more than 90 days old, duly auth naving custody of records in the jurisdiction under the law of which it is organized. (A			
acceptable. If the certificate is in a foreign language, a translation of the certificate un	-	-	
must be submitted)			
Koul Ks			
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of per	minum that the fo	ata statad	hansin one tour I
um aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro			
- Kongld Kurita			
Typed or printed name of signee			

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Never Draw Up Varations UC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Janet Schadler
(Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Naples FL 34103 E
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.
Come T Kins
(Signature)

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00

**Designation of Registered Agent** 

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JUNE 16, 2014** 

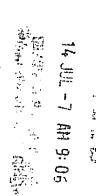
#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### **Never Grow Up Vacations LLC**

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Secretary of the Commonwealth** 

Certification Number: 11919341-1
Verify this certificate online at http://www.corporations.edu

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp